

Community Long Term Care
We support SCDHHS' Budget Request – Funding to serve 500 more low income persons with disabilities

What: The CLTC program provides a variety of home and community-based services to Medicaid participants who meet all the income and medical criteria to enter a nursing home but who prefer to remain in their own homes. **The average cost to the Medicaid program for a CLTC participant is roughly 36% of the cost for a nursing home resident.** This includes all Medicaid costs, such as physician visits, hospital care and prescriptions, as well as the long term care services.

Why: We need to re-balance our system of long term care to serve more people in the community with long term care needs due to age or disability. Re-balancing means weighting our funding towards home and community based services versus institutionalized care. Research shows states that have re-balanced their long term care system so that a greater percentage of long term care dollars go to home and community based services versus long term care actually decrease the rate of growth in long term care expenditures.*

Independence is cherished by all of us and as a state; we should foster independence for our citizens. If at all possible, we need to increase our funding for home and community based services in order to reduce the waiting list for these services and prevent or delay institutionalization.

Who: The Community Long Term Care (CLTC) program of DHHS administers waivers for persons who are elderly or who have physical disabilities, for persons with HIV/AIDS and for persons requiring mechanical ventilation. On any given day, there are over 12,000 waiver participants receiving services.

Waiting List: Currently close to 4000 applicants, with low incomes and long term care needs are on a waiting list for the Medicaid program, CLTC.

What are home- and community-based services? Home- and community-based services prevent or delay frail seniors and persons with disabilities from being admitted to nursing homes. Services include such assistance as personal care aides, adult day services, transportation, home-delivered meals, congregate meals, nutrition education, respite care and other services.

Recipient of CLTC: Mr. Smith** is 70 years old and is a double amputee confined to a wheelchair. He also has limitations with his upper body because of a previous stroke. His primary caregiver was his wife but she died several months ago. All of Mr. Smith's children live out of state and he sees them only on a limited basis. It was uncertain what would happen to Mr. Smith once his wife died, but his granddaughter volunteered to move into his home and care for him. She is able to provide the 24-hour care for Mr. Smith because of the support he receives from Community Long Term Care (CLTC). CLTC

authorizes a personal care aide to visit every morning seven days per week and assist Mr. Smith with his personal care needs. On Monday through Friday, he attends an adult day care program. While at the day care center, he receives socialization, activities, medical supervision, and a nutritious meal. Mr. Smith receives incontinence supplies monthly through CLTC. CLTC also authorized a wheelchair ramp to be built so Mr. Smith could attend day care services and have easy access in and out of his home. Through the support of his granddaughter and CLTC services, he is able to continue living in his home.

Supporters of the SCDHHS Budget Request for CLTC:

Protection and Advocacy for People with Disabilities, Inc.
Senior Helpers of Fort Mill
National Multiple Sclerosis Society
SC Area Agencies on Aging serving as Aging and Disability Resource Centers
AARP South Carolina
South Carolina Statewide Independent Living Council
SC Home Care & Hospice Association
disAbility Resource Center
Active Day
Conway/Loris Adult Day Cares
Golden Care Adult Day Health Services
Hope Bridge/Helping Hands
New Generations
SC Association of Personal Care Providers
Alzheimer's Association – South Carolina Chapter
SC Council on Aging Directors
South Carolina Silver Haired Legislature

“Medicaid spending on home and community-based services (HCBS) has grown dramatically in recent years, but little is known about what effect these alternatives to institutional services have on overall long-term care costs. An analysis of state spending data from 1995 to 2005 shows that for two distinct population groups receiving long-term care services, spending growth was greater for states offering limited noninstitutional services than for states with large, well-established noninstitutional programs. Expansion of HCBS appears to entail a short-term increase in spending, followed by a reduction in institutional spending and long-term cost savings.” Steven Kaye [*Health Affairs* 28, no. 1 (2009): 262–272; 10.1377/hlthaff.28.1.262]

** Not his real name.

